

OFFICE OF THE STATE CONTROLLER  
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2002-02  
COUNTY OFFICE OF EDUCATION FISCAL ACCOUNTABILITY REPORTING

APRIL 8, 2002

In accordance with Government Code Section (GC §) 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for the filing of claims for the County Office of Education Fiscal Accountability Reporting program. These claiming instructions are issued subsequent to adoption of the program's parameters and guidelines (P's & G's) by the Commission on State Mandates (COSM).

Education Codes Sections 1240, subdivision (j), 1240.2, 1620, 1622, 1625, 1628, and 1630 as added and amended by Chapters 917 and 1452, Statutes of 1987, et al list the activities necessary for county offices of education to comply with annual budget reporting requirements.

On October 26, 2000, the COSM determined that Chapter 917/87 and 1452/87, et al establish costs mandated by the State according to the provisions listed in the attached P's & G's. For your reference, the P's & G's are included as an integral part of the claiming instructions.

### **Eligible Claimants**

Any County Superintendent of Schools or county office of education, that incurs increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.

### **Filing Deadlines**

#### **A. Reimbursement Claims**

Reimbursement claims must be filed within 120 days from the issuance date of claiming instructions. Costs incurred in implementing the provisions of this program are reimbursable for fiscal years 1996-97, through 2000-01 and must be filed with the SCO and be delivered or postmarked on or before **August 6, 2002**. Estimated claims for 2001-02 fiscal year must also be delivered or postmarked on or before **August 6, 2002**. Thereafter, having received payment for an estimated claim, the claimant must file an annual reimbursement claim by January 15 of the following fiscal year. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$1,000.

In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. **Claims filed more than one year after the deadline will not be accepted.**

#### **B. Estimated Claims**

Unless otherwise specified in the claiming instructions, school districts are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. Claimants

can simply enter the estimated amount on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, claimants must complete supplemental claim forms to support their estimated costs as specified for the program to explain the reason for the increased costs. If no explanation supporting the higher estimate is provided with the claim, it will automatically be adjusted to 110% of the previous fiscal year's actual costs. Future estimated claims filed with the SCO must be postmarked by January 15 of the fiscal year in which costs will be incurred. Claims filed timely will be paid before late claims.

### **Minimum Claim Cost**

GC Section 17564 provides that no claim shall be filed pursuant to Sections 17551 and 17561, unless such a claim exceeds two hundred dollars (\$200), provided that a county superintendent of schools or county may submit a combined claim on behalf of school districts, direct service districts, or special districts within their county if the combined claim exceeds \$200, even if the individual school district's, direct service district's, or special district's claims do not each exceed \$200. The county superintendent of schools or the county shall determine if the submission of the combined claim is economically feasible and shall be responsible for disbursing the funds to each school, direct service, or special district. These combined claims may be filed only when the county superintendent of schools or the county is the fiscal agent for the districts. A combined claim must show the individual claim costs for each eligible district. All subsequent claims based upon the same mandate shall only be filed in the combined form unless a school district, direct service district, or special district provides to the county superintendent of schools or county and to the SCO, at least 180 days prior to the deadline for filing the claim, a written notice of its intent to file a separate claim.

### **Reimbursement of Claims**

Initial reimbursement claims will only be reimbursed to the extent that expenditures can be supported and, if such information is unavailable, claims will be reduced. In addition, ongoing reimbursement claims must be supported by documentation as evidence of the expenditures. Examples of documentation may include, but are not limited to, employee time records that identify mandate activities, payroll records, invoices, receipts, contracts, travel expense vouchers, purchase orders, and caseload statistics.

### **Audit of Costs**

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the P's & G's adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Accordingly, all documentation to support actual costs claimed must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or amended regardless of the year of costs incurred. When no funds are appropriated for initial claims at the time the claim is filed, supporting documents must be retained for two years from the date of initial payment of the claim. Claim documentation shall be made available to the SCO on request.

### **Retention of Claiming Instructions**

The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at **[www.sco.ca.gov/ard/local/locreim/index.htm](http://www.sco.ca.gov/ard/local/locreim/index.htm)**.

### **Address for Filing Claims**

Submit a signed, original form FAM-27, Claim for Payment, and all other forms and supporting documents (no copies necessary) to:

If delivered by  
U.S. Postal Service:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
P.O. Box 942850  
Sacramento, CA 94250

If delivered by  
Other delivery services:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
3301 C Street, Suite 500  
Sacramento, CA 95816

## **Parameters and Guidelines**

Education Code Sections 1240, subdivision (j), 1240.2, 1620, 1622, 1625, 1628, and 1630

Statutes of 1987, Chapters 917 and 1452  
Statutes of 1988, Chapters 1461 and 1462  
Statutes of 1990, Chapter 1372  
Statutes of 1991, Chapter 1213  
Statutes of 1992, Chapter 323  
Statutes of 1993, Chapters 923 and 924  
Statutes of 1994, Chapters 650 and 1002  
Statutes of 1995, Chapter 525

### *County Office of Education Fiscal Accountability Reporting*

#### **I. SUMMARY OF THE MANDATE**

On October 26, 2000, the Commission on State Mandates adopted its Statement of Decision for this claim finding that Education Code sections 1240, subdivision (j), 1240.2, 1620, 1622, 1625, 1628, and 1630 impose a new program or higher level of service within an existing program upon county offices of education within the meaning of section 6, article XIII B of the California Constitution and costs mandated by the state pursuant to Government Code section 17514. Accordingly, the Commission approved this test claim for the following activities necessary for county offices of education to comply with annual budget reporting requirements:

1. Preparing, reviewing, approving and submitting, in the format or on forms prescribed by the State Superintendent of Public Instruction, financial and budgetary status reports, one within 45 days of the conclusion of the period ending October 31, and one within 45 days of the period ending January 31. Certifying in writing, either positively, qualifiedly or negatively, within 45 days after the close of the period being reported, whether the county office of education is able to meet its financial obligations for the remainder of the fiscal year and, based on current forecasts, for the subsequent two fiscal years. (Ed. Code, § 1240, subd. (j).)
2. Sending a copy of each county office of education budget status report and financial certification to the State Superintendent of Public Instruction. (Ed. Code, § 1240, subd. (j).)
3. Sending a copy of any negative or qualified county office of education financial certification to the State Controller. (Ed. Code, § 1240, subd. (j).)
4. Providing to the State Controller and the State Superintendent of Public Instruction, no later than June 1, a financial statement that covers the financial and budgetary status of the county office of education for the period ending April 30 and projects the fund and cash balances of the county office of education as of June 30. This is only applicable to a county office of education that has a qualified or negative financial certification. (Ed. Code, § 1240.2.)

5. Adjusting for the earlier deadline of holding the public hearing by July 1. (One-time, if costs were incurred within reimbursement period.) (Ed. Code, § 1620.)
6. Revising the county office of education budget to reflect changes in projected income or expenditures subsequent to July 1, including any response to the recommendations of the State Superintendent of Public Instruction. (Ed. Code, § 1622.)
7. Posting the agenda at least 72 hours prior to the public hearing regarding the budget revisions, including the location where the revised budget and supporting data will be available for public inspection (only when not reimbursable under the Open Meetings Act Parameters and Guidelines). (Ed. Code, § 1622.)
8. Holding a second public hearing prior to finalizing the revised budget. (Ed. Code, § 1622.)
9. Filing the revised budget with the county board of supervisors and the county auditor. (Ed. Code, § 1622.)
10. Drafting a statement of correction when the county office of education incurs a negative balance. (Ed. Code, § 1625.)
11. Preparing and filing with the State Superintendent of Public Instruction a statement of all receipts and expenditures of the county office of education for the preceding fiscal year, in a format or on forms prescribed the State Superintendent of Public Instruction. (Ed. Code, § 1628.)
12. Submitting to the State Superintendent of Public Instruction, in response to a request pursuant to Education Code section 1630, subdivision (a)(3), a financial projection of all fund and cash balances. (Ed. Code, § 1630.)
13. Encumbering all contracts and other obligations, but only when performed in compliance with Education Code section 1630, subdivision (a)(4). (Ed. Code, § 1630.)
14. Preparing for the State Superintendent of Public Instruction, in response to a request pursuant to Education Code section 1630, subdivision (a)(4), appropriate cash-flow analyses and monthly or quarterly budget revisions. (Ed. Code, § 1630.)
15. Recording all receivables and payables, but only when performed in compliance with Education Code section 1630, subdivision (a)(4). (Ed. Code, § 1630.)
16. Submitting a proposal to the State Superintendent of Public Instruction, in response to a request pursuant to Education Code section 1630, subdivision (a)(5), for addressing the fiscal conditions that resulted in the determination that the county office of education may not meet its financial obligations. (Ed. Code, § 1630.)

## **II. ELIGIBLE CLAIMANTS**

County Superintendents of Schools (county offices of education) which incur increased costs as a result of this mandate are eligible to claim reimbursement pursuant to Government Code section 17519.

## **III. PERIOD OF REIMBURSEMENT**

Government Code section 17557, prior to its amendment by Statutes of 1998, chapter 681 (effective September 22, 1998), stated that a test claim must be submitted on or before December

31 following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was submitted on December 22, 1997, therefore all mandated costs incurred on or after July 1, 1996 are reimbursable.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of initial years' costs shall be submitted within 120 days of release of claiming instructions by the State Controller.

If the total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed except as otherwise provided for by Government Code section 17564.

#### **IV. REIMBURSABLE ACTIVITIES**

For each eligible claimant, the following activities are eligible for reimbursement:

**A. Public Hearing on Proposed Budget (Ed. Code, § 1620.)**

Amending the policies and procedures to reflect the earlier deadline of July 1 for holding a public hearing on the proposed county school service fund budget. (One-time activity.)

**B. Annual Statement of Receipts and Expenditures (Ed. Code, § 1628.)**

On or before September 15 each year, the county superintendent of schools shall prepare and file with the State Superintendent of Public Instruction, on forms or in a format prescribed by the State Superintendent of Public Instruction, an annual statement of all receipts and expenditures of the county office of education for the preceding fiscal year.

**C. Revised Annual Budget (Ed. Code, § 1622.)**

- On or before September 8, the county board of education shall revise the county office of education budget to reflect changes in projected income or expenditures subsequent to July 1 and to include any response to the recommendations of the State Superintendent of Public Instruction.
- The county office of education shall post the agenda 72 hours prior to holding a second public hearing regarding the budget revisions, including the location where the revised budget and supporting data will be available for public inspection (only when not reimbursable under the Open Meetings Act Parameters and Guidelines).
- The county board of education shall hold a second public hearing prior to finalizing the revised budget.
- The county board of education shall file the adopted revised budget with the State Superintendent of Public Instruction, the county board of supervisors, and the county auditor.

D. Negative Fund or Cash Balances (Ed. Code, § 1625.)

When a county office of education reports a negative unrestricted fund balance or a negative cash balance in the annual budget report or in the audited annual financial statements, the county superintendent of schools shall prepare and include with the budget and the financial certifications a statement that identifies the reasons for the negative unrestricted fund balance or negative cash balance and the steps that have been taken to ensure that the negative balance will not occur at the end of the current budget year.

E. Interim Fiscal Report Preparation (Ed. Code, §§ 1240, subd. (j), 1240.2.)

The superintendent of schools of each county shall prepare and submit two reports during the fiscal year to the county board of education. The first report shall cover the financial and budgetary status of the county office of education for the period ending October 31. The second report shall cover the period ending January 31. Both reports shall be reviewed by the county board of education and approved by the county superintendent of schools no later than 45 days after the close of the period being reported. As part of each report, the superintendent shall certify in writing whether or not the county office of education is able to meet its financial obligations for the remainder of the fiscal year and, based on current forecasts, for two subsequent fiscal years. The certifications shall be classified as positive, qualified, or negative pursuant to standards prescribed by the State Superintendent of Public Instruction. Copies of each certification, and of the report containing that certification, shall be sent to the State Superintendent of Public Instruction at the time the certification is submitted to the county board of education.

F. Qualified and Negative Interim Fiscal Reports (Ed. Code, §§ 1240, subd. (j), 1240.2.)

Copies of each qualified or negative certification, and of the report containing that certification, shall be sent to the State Controller at the time the certification is submitted to the county board of education. (Ed. Code, § 1240 subd. (j).) The superintendent of schools of each county who files a qualified or negative certification for the second report required pursuant to Education Code section 1240, subdivision (j), and a county office of education that is classified as qualified or negative by the State Superintendent of Public Instruction, shall prepare and provide to the State Superintendent of Public Instruction and the State Controller, no later than June 1, a financial statement that covers the financial and budgetary status of the county office of education for the period ending April 30 and projects the fund and cash balances of the county office of education as of June 30. (Ed. Code, § 1240.2.)

G. Reports by Insolvent COE (Ed. Code, § 1630.)

If the State Superintendent of Public Instruction determines that the county office of education may be unable to meet its financial obligations for the current or two subsequent fiscal years, or if the county office of education has a qualified financial certification, the county office of education shall, upon the request of the State Superintendent of Public Instruction:

- Submit a financial projection of all fund and cash balances of the county office of education as of June 30 of the current year and subsequent fiscal years as the State Superintendent of Public Instruction requires (Ed. Code, § 1630 (a)(3).);
- Encumber all contracts and other obligations (Ed. Code, § 1630 (a)(4).);

- Prepare appropriate cash-flow analyses and monthly or quarterly budget revisions (Ed. Code, § 1630 (a)(4).);
- Record, as appropriate, all receivables and payables (Ed. Code, § 1630 (a)(4).); and
- Submit a proposal for addressing the fiscal conditions that resulted in the determination that the county office of education may not be able to meet its financial obligations. (Ed. Code, § 1630 (a)(5).)

The activities required by Education Code section 1630, subdivision (a)(4), do not include activities performed in the normal course of business. Reimbursement for these activities is limited to situations specified in Education Code section 1630 where the State Superintendent of Public Instruction requires the county office of education to perform the activities specified in Education Code section 1630, subdivision (a)(4).

#### H. Training

Train staff on implementing the reimbursable activities listed in section IV, activities A through G, of these parameters and guidelines. (One-time activity for each employee.)

### V. CLAIM PREPARATION AND SUBMISSION

Each claim for reimbursement pursuant to this mandate must be timely filed and identify each of the following cost elements to each reimbursable activity identified in Section IV of this document.

#### A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. Direct costs that are eligible for reimbursement are:

##### 1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

##### 2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

##### 3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. Attach a copy of the contract to the claim. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the dates when services were performed and itemize all costs for those services.

##### 4. Fixed Assets and Equipment



Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1, Salaries and Benefits, for each applicable reimbursable activity.

6. Training

Report the cost of training an employee to perform the reimbursable activities, as specified in Section IV of this document. Report the name and job classification of each employee preparing for, attending, and/or conducting training necessary to implement the reimbursable activities. Provide the title, subject, and purpose (related to the mandate of the training session), dates attended, and location. If the training encompasses subjects broader than the reimbursable activities, only the pro-rata portion can be claimed. Report employee training time for each applicable reimbursable activity according to the rules of cost element A.1, Salaries and Benefits, and A.2, Materials and Supplies. Report the cost of consultants who conduct the training according to the rules of cost element A.3, Contracted Services.

B. Indirect Cost Rates

Indirect costs are costs that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the results achieved. After direct costs have been determined and assigned to other activities, as appropriate, indirect costs are those remaining to be allocated to benefited cost objectives. A cost may not be allocated as an indirect cost if any other cost incurred for the same purpose, in like circumstances, has been claimed as a direct cost.

Indirect costs include: (a) the indirect costs originating in each department or agency of the governmental unit carrying out state mandated programs, and (b) the costs of central governmental services distributed through the central service cost allocation plan and not otherwise treated as direct costs.

County offices of education must use the J-580 (or subsequent replacement) nonrestrictive indirect cost rate provisionally approved by the California Department of Education.

## **VI. SUPPORTING DATA**

A. Source Documents

For auditing purposes, all incurred costs claimed must be traceable to source documents that show evidence of the validity and relationship to the reimbursable activities. Documents may include, but are not limited to, worksheets, employee time records or time logs, cost allocation reports (system generated), invoices, receipts, purchase orders, contracts, agendas, training packets with signatures and logs of attendees, calendars, declarations, and data relevant to the

reimbursable activities otherwise reported in compliance with local, state, and federal government requirements.

**B. Record Keeping**

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the State Controller no later than two years after the end of the calendar year in which the reimbursement claim is filed or last amended.\* See the State Controller's claiming instructions regarding retention of required documentation during the audit period.

**VII. OFFSETTING SAVINGS AND REIMBURSEMENTS**

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, including but not limited to, service fees collected, federal funds and other state funds shall be identified and deducted from this claim.

**VIII. STATE CONTROLLER'S OFFICE REQUIRED CERTIFICATION**

An authorized representative of the claimant shall be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained herein.

**IX. PARAMETERS AND GUIDELINES AMENDMENTS**

Parameters and guidelines may be amended pursuant to Title 2, California Code of Regulations, section 1183.2.

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\* This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 COUNTY OFFICE OF EDUCATION FISCAL ACCOUNTABILITY REPORTING			For State Controller Use Only	Program <b>209</b>
(01) Claimant Identification Number			(19) Program Number 00209 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____	
(02) Claimant Name				
County of Location				
Street Address or P.O. Box Suite				
City State Zip Code				
			<b>Reimbursement Claim Data</b>	
<b>Type of Claim</b>	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(22) CFAR-1, (04)(1)(f)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(23) CFAR-1, (04)(2)(f)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(24) CFAR-1, (04)(3)(f)	
			(25) CFAR-1, (04)(4)(f)	
(26) CFAR-1, (04)(5)(f)				
(27) CFAR-1, (04)(6)(f)				
(28) CFAR-1, (04)(7)(f)				
(29) CFAR-1, (04)(8)(f)				
<b>Fiscal Year of Cost</b>	(06) <b>20</b> ____/20____	(12) <b>19</b> ____/20____	(30) CFAR-1, (06)	
<b>Total Claimed Amount</b>	(07)	(13)	(31)	
<b>Less: 10% Late Penalty, not to exceed \$1,000</b>		(14)	(32)	
<b>Less: Prior Claim Payment Received</b>		(15)	(33)	
<b>Net Claimed Amount</b>		(16)	(34)	
<b>Due from State</b>	(08)	(17)	(35)	
<b>Due to State</b>		(18)	(36)	
<b>(37) CERTIFICATION OF CLAIM</b> <p>In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 917 and 1452, Statutes of 1987, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 917 and 1452, Statutes of 1987.</p> <p>The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 917 and 1452, Statutes of 1987, set forth on the attached statements.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">           Signature of Authorized Officer             _____            _____            Type or Print Name         </div> <div style="width: 35%;">           Date             _____            _____            Title         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">           (38) Name of Contact Person for Claim            _____            E-Mail Address         </div> <div style="width: 50%;">           Telephone Number (    )    -    Ext.               _____         </div> </div>				

<b>Program</b> <b>209</b>	<b>COUNTY OFFICE OF EDUCATION FISCAL ACCOUNTABILITY REPORTING</b> <b>Certification Claim Form</b> <b>Instructions</b>	<b>FORM</b> <b>FAM-27</b>
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- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address was enclosed with the letter regarding the claiming instructions. Affix a label in the space shown. If you did not receive labels, print or type your agency's mailing address.
- (03) If filing an original estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended or combined claim, enter an "X" in the box on line (05) Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form CFAR-1 and enter the amount from line (11).
- (08) Enter the same amount as shown on line (07).
- (09) If filing an original reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing an original reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended or a combined claim on behalf of districts within the county, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of reimbursement claim from form CFAR-1, line (11).
- (14) **Filing Deadline. Initial Claims of Ch. 917 and 1452/97.** If the reimbursement claims for fiscal years 1996-97 through 2000-01 are filed after **August 6, 2002**, the claims must be reduced by a late penalty. Costs for all initial reimbursement claims must be filed separately according to the fiscal year in which the costs were incurred. However, the initial claims will be considered as one claim for the purpose of computing the late claim penalty. Do not prorate the penalty among the fiscal years. If the claims are late, the penalty should be applied to a single fiscal year. Enter either the product of multiplying the sum total of line (13) for all applicable FAM-27's by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- In subsequent years, reimbursement claims must be filed by January 15 of the following fiscal year in which costs were incurred or the claims shall be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- (15) If filing a reimbursement claim and an estimated claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17) Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount in line (18) Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., CFAR-1, (04)(1)(f), means the information is located on form CFAR-1, line (04)(1), column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by a signed certification.**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

**SUBMIT A SIGNED, ORIGINAL FORM FAM-27 WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS (NO COPIES NECESSARY) TO:**

**Address, if delivered by U.S. Postal Service:**

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 P.O. Box 942850  
 Sacramento, CA 94250**

**Address, if delivered by other delivery service:**

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 3301 C Street, Suite 500  
 Sacramento, CA 95816**

<b>Program</b> <b>209</b>	<b>MANDATED COSTS</b> <b>COUNTY OFFICE OF EDUCATION FISCAL ACCOUNTABILITY REPORTING</b> <b>CLAIM SUMMARY</b>					<b>FORM</b> <b>CFAR-1</b>	
(01) Claimant			(02) Type of Claim		Fiscal Year		
			Reimbursement <input type="checkbox"/>				
			Estimated <input type="checkbox"/>		19__/20__		
<b>Claim Statistics</b>							
(03) Leave Blank							
<b>Direct Costs</b>		<b>Object Accounts</b>					
(04) Reimbursable Components		(a) Salaries and Benefits	(b) Materials and Supplies	(c) Contract Services	(d) Fixed Assets	(e) Travel and Training	(f) Total
1. Public Hearing on Proposed Budget							
2. Annual Statement of Receipts & Expenditures							
3. Revised Annual Budget							
4. Negative Fund or Cash Balances							
5. Interim Fiscal Report Preparation							
6. Qualified and Negative Interim Fiscal Reports							
7. Reports by Insolvent COE							
8. Training							
(05) Total Direct Costs							
<b>Indirect Costs</b>							
(06) Indirect Cost Rate					[From J-380 or J-580]	%	
(07) Total Indirect Costs					[Line (05)(f) x line (06)]		
(08) Total Direct and Indirect Costs					[Line (05)(f) + line (07)]		
<b>Cost Reduction</b>							
(09) Less: Offsetting Savings							
(10) Less: Other Reimbursements							
(11) Total Claimed Amount					[Line (08) - {(line (09) + line (10))}]		

<b>Program</b> <b>209</b>	<b>COUNTY OFFICE OF EDUCATION FISCAL ACCOUNTABILITY REPORTING</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>CFAR-1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form CFAR-1 must be filed for a reimbursement claim. Do not complete form CFAR-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form CFAR-1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Leave blank.
- (04) Reimbursable Components. For each reimbursable component, enter the totals from form CFAR-2, line (05), columns (d) through (h), to form CFAR-1, block (04), columns (a) through (e), in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable for the fiscal year of costs.
- (07) Total Indirect Costs. Enter the result of multiplying the Indirect Cost Rate, line (06), by the Total Direct Costs, line (05)(f).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<b>Program</b> <b>209</b>	<b>MANDATED COSTS</b> <b>COUNTY OFFICE OF EDUCATION FISCAL ACCOUNTABILITY REPORTING</b> <b>COMPONENT/ACTIVITY COST DETAIL</b>	<b>FORM</b> <b>CFAR-2</b>
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(01) Claimant

(02) Fiscal Year

(03) Reimbursable Components: Check only **one** box per form to identify the component being claimed.

- |  |  |
|--|--|
| <input type="checkbox"/> Public Hearing on Proposed Budget | <input type="checkbox"/> Annual Statement of Receipts & Expenditures   |
| <input type="checkbox"/> Revised Annual Budget             | <input type="checkbox"/> Negative Fund or Cash Balances                |
| <input type="checkbox"/> Interim Fiscal Report Preparation | <input type="checkbox"/> Qualified and Negative Interim Fiscal Reports |
| <input type="checkbox"/> Reports by Insolvent COE          | <input type="checkbox"/> Training                                      |

(04) Description of Expenses

**Object Accounts**

(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training
(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____							

<b>Program</b> <b>209</b>	<b>COUNTY OFFICE OF EDUCATION FISCAL ACCOUNTABILITY REPORTING</b> <b>COMPONENT/ACTIVITY COST DETAIL</b> <b>Instructions</b>	<b>FORM</b> <b>CFAR-2</b>
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- (01) Claimant. Enter the name of the claimant. If more than one department has incurred costs for this mandate, give the name of each department. A separate form CFAR-2 should be completed for each department.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form CFAR-2 shall be prepared for each applicable component.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, travel and training expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. If no funds are appropriated for the initial payment at the time the claims are filed, supporting documents must be retained for two years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns								Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
<b>Salaries</b>	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
<b>Benefits</b>	Title Activities	Benefit Rate		Benefits = Benefit Rate x Salaries					
<b>Materials and Supplies</b>	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used				
<b>Contract Services</b>	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Itemized Cost of Services Performed			Copy of Contract
<b>Fixed Assets</b>	Description of Equipment Purchased	Unit Cost	Usage				Itemized Cost of Equipment Purchased		
<b>Travel and Training</b>	Purpose of Trip Name and Title	Per Diem Rate	Days					Cost = Rate x Days or Miles	
<b>Travel</b>	Departure and Return Date	Mileage Rate Travel Cost	Miles Travel Mode					or Total Travel Cost	
<b>Training</b>	Employee Name/Title Name of Class		Dates Attended					Registration Fee	

- (05) Total line (04), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Enter totals from line (05), columns (d) through (h) to form CFAR-1, block (05), columns (a) through (e) in the appropriate row.